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GOOD HEALTH & DENTAL WELFARE

BREAST FED BABIES

BEST ABLE TO EVADE DISEASES

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BY

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The following pictures show pyorrhea in its early, intermediate and advanced stages :—

1. Tartar on the teeth at the gum line causes the gum tissue to recede and expose the tooth roots. The irritation thus caused will produce inflammation, followed by infection (pyorrhea) if the irritating cause is not removed. This is how Pyorrhœ beings in many cases.

2. Soft, bleeding, spongy, receding gums are usually in evidence in the early stages of pyorrhea.

3. Some of the teeth becom loose through destruction of the supporting tissue around the roots Pus pockets form—germs multiply rapidly in the pockets. This is a good example of intermediate pyorrhea More teeth are lost, though destruction of tooth sockets by pyorrhea than from any other cause.

4 In intermediate pyorrhea the inflammation and soreness is very noticeable. Pus is beings discharged constanly. The chewing of food is difficult. The breath is foul—the general health is impaired.

5. This advanced case of pyorrhea shows that all of the teeth are loose. Pus discharge from the gums goes in mixed with food and drink This poisonous matter is taken into the stomach and intestines during all periods of the day and night thus causing stomach, liver, kidney and bowel derangements as well as rheumatism and various nervous disorders.

6. This skull illustrates the destruction of tooth support that takes place under sore bleeding, recding gums (PYORRHEA) This condition results in loss of teeth.

The prevention of pyorrhea depends wholy upon keeping the gums hard and firm and the teeth clean.

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GOOD HEALTH AND DENTAL WELFARE

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When and How to Remove Teeth

The surgeon's duty being to preserve teeth, a good surgeon should use his forceps as seldom as he can. The policy of wholesale Extraction of useful teeth, because of the "focal" infection is to be condemned even if advocated by specialists in medicine and surgery. For such a policy only bears out testimony to the bancrupty of medical or Dental treatment of a part of the body which suffers first or with that of some part of the body. However, in the last few years, Physicians have begun to insist on the removal of the dangerous condition from the mouth and in their enthusiasm are favouring total destruction of the Dental apparatus in preference to the constant attention by a Dentist. None the less one would expect the removal of all diseased teeth accompanied by medical or surgical interference of body and after gauging the effect, one would proceed or hurry up Dental interference rather than remove at once the whole useful Dental machine suffering for no falt of itself. The destruction or removal of teeth is to be considered as an exercise of the lowest function of the dental surgeon, though it may be necessary and useful one.

The temptation to Extract is however very great. It is so much easier and quicker to remove a tooth than to save it and make it resistent to disease. Imagine the temptation of a Dentist in hospital and public clinics who however in the back of his mind knows he can save and make it healthy, but he is tired and busy or that of an old class dentist who knows that remuneration for extraction is in the

long run greater or more easily earned-by putting an artificial tooth-and so he salves his conscience with the fact that medical men favour total destruction of teeth! The neglect of extra care to save teeth has been due to the fact that man is supplied with 32 teeth and loses them by disease or neglect one by one and not *en bloc* and thus lightly thinks of its value or loss—a loss however never to be fully restored. Hence it must be soon brought home to lay and professional people that the destruction or removal of teeth is nothing more or less than a confession of negligence or failure.

LATEST STRIDE IN DENTISTRY

From being merely a mechanical calling involving dexterity, Dental surgery has become a highly skilled speciality of medicine—Preventive and Curative. The idea that dentistry is to remove teeth more easily and painlessly and build up teeth cleverly imitating nature is that of a quarter of a century or more past. Progress in these lines will still leave the dentist in the same line as the past " bone setter " or " house builder ".

Modern Dentistry is now considered as one of the-if not the-most important outpost of preventive medicine; the tooth suffers perhaps first-due to condition that the tooth is kept at a post liable to suffer and *dens sana in corpore sano*-a healthy tooth is possible only in a healthy body.

In private clinics, it is often wont to hear of a case sent by a physician who appreciating his worth sends the patient bidding the dentist do this and do that and since the dentist is the final authority in the matter of teeth, the dentist who meekly carries out the doctor's instruction without question and against his better judgment, is betraying his position.

When, however, every effort to restore the teeth to healthy efficiency is used and found un-successful, and that the tooth in question is really a danger to the health of the body as a whole, it should be undertaken to be destroyed, but not until those teeth condemned to death, have been given a "hearing". Of all operations which both dentist and patient dislike most is extraction which however becomes a source of satisfaction not only to the dentist, if done properly but also to the patient, if all the harrowing details of an execution avoided. Extractions done properly, painlessly and successfully and leading to no untoward sequelae, increase his popularity which means a greater practice.

EXTRACTION OF TEETH

Though extraction or any surgical interference with a tooth is being considered a serious and even fatal operation, it is now quite a common thing to see people, literate and illiterate, resort to Hospitals and private dispensaries for Extraction of an unbearably aching tooth or for pulling out a very very shaky tooth. A large number of Tooth patients however put up with the trouble due to the fear, their mentality has been worked up to, of courting death by extraction but succumb often to no peaceful death evading a doctor or dentist. Hence it is doubly the duty of a medical or

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Hospital attendant not to scar away or carelessly handle a patient, who being mostly in acute systemic affections, are sure to die of fear rather than the effect of even careless removal of Toooh. In fact teeth are kept in nearest relation with the brain and highly sensitive organs as Eye and Ear and any careless pulling or shock applied to teeth are liable to effect the "life centres." Hence it is no exaggeration to say and consider that Tooth Extraction requires the attention of any major operation. If however the general condition of the patient scrutinised with regard to temperature, heart and pulse beat; the amount of surgical interference carefully determined, not subjecting the patient—often being below par—to too much surgery at the first operation; injury to gums minimised; asopsis strictly adhered to as well as proper anaesthesia used, no untoward effect will happen. By performing the least difficult operation first the confidence of the patient is gained and the formation of the anti-bodies resulting from the mild inflammation caused by the first extraction will have afforded relief to the already won-over patient. We have had the following recent cases in practice worth reporting here.

One Mr. Sakharama Rao, a musician of repute, was ailing with anorexia, Nervous Debility, Palpitation of Heart and sleeplessness and was being for two years tossed from one medical man to another. He was ushered into my treatment by the timely advice of Dr. B. Sanjiva Pai, M. B. & C. M. the assistant surgeon of Kumbhakonam, to have his teeth attended to since he found no organic disease of heart or body but perceived bleeding from gums, Tartar accumulation and two of his teeth shaky. On extracting these two teeth and carefully cleaning and polishing the rest of the teeth, the patient's fear of a dentist digging or butchering him had vanished away and with a little more encouragement and enhancement of his morale and mental stamina, past health and interest in life returned, much to the pleasing surprise of his numerous admirers.

A rich potentate of a well off zamindari, aged 66 years, and with the ample means and mind to requisition the highest medical or surgical authority in the metropolis and the mofusil had been, for a six months, drifted to meet his end with all kinds of drugging. His complaint commenced slowly but surely with obstinate constipation, belching and vomitting of food or mucus when awake and spitting of blood and soaking of bed with blood coloured saliva while resting. Since the patient did not like to swallow the repugnant saliva from mouth, the Muhamadan habit of continuous spitting every minute, day and night while awake, became an enforced habit. The asthenia and despondency became so extreme as to leave no hope for his recovery, not only due to the impossibility of feeding or retaining food in stomach but also due to the additional strain in vomitting and loss of blood through gums and saliva by continuous spitting. The almost dying man chanced to send for Dr. T. N Govinda Iyer, M.B. & C.M., of Tinnevelly, an up to date physician

with faith inducing personale. The heart and blood, the lungs and phlegm, kidneys and urine were examined very thoroughly and several times and found to give no clue to any disease. It is then, with persistent education and preparation, the patient was induced and encouraged to have the mouth hygiene attended to and with all fears and argument against the removal of teeth met, we were able to complete the removal of twenty two teeth in the course of 5 months. The vomitting &c. stopped after removal of half a dozen teeth, the bleeding decreased, spitting habit slackened, general condition and strength improved and on the removal of the last tooth, mouth becoming quite healthy and pleasing to the patient, appetite and craving for food became uncontrollable and with it his usual buoyancy of temper and learned interest in life, persons and pastime regained.

ACUTE CASES

When a patient comes with a systemic disease, due to acute dental trouble, often with a temperature of 102 degrees or more and perhaps no bowel elimination, dental interference should follow or go in hand in hand with systemic treatment. Like general surgical patients, dental patients should often be treated from a palliative standpoint, before or if, surgical interference is undertaken. As a rule, the ptatient should be put to bed, given an enema or moving dose, hot applications or gargle ordered and the general condition improved so as to wall off further infection through raw surface created by the extraction. If removal of tooth does not allow the escape of pus and help draining of the pocket, as in acute conditions, elimination of pus should be secured by lancing the pus pocket or else little is accomplished.

In cases of diabetis, uraemia, pregnancy &c tooth extraction is feasable and often necessary so as to improve the general condition and to check the havoc being done by the diseased teeth and the consequent absorption of pus. In ordinary cases no undue precautions are necessary but if the patient is neurotic or nervous, diabetic patient may be made to starve for 24 hours previously and contrary to popular idea that fasting weakens the system, the patient will bear the operation very well and post operative dangers if any, will be minimised. The practice of extracting all diseased teeth at one time should be discontinued in certain cases as it sometimes results in death or severe illness. The operation has to be performed in two or more steps a few days apart, depending upon the patient's health. It is however safer to remove not more than 4 teeth, if strong, at each sitting, if the patient's condition is not very good, and to clean and scrape the rest of the teeth in the meantime to keep the mouth and its contents in as clean and hygienic condition as possible. Those teeth in the most accessible quarter of the mouth and those which are most easily extracted should be removed first, in order that the patient may be benefited by the therapeutic reaction and his morale maintained.

HOW TO REMOVE TEETH

A tooth has to be removed out of the jaws in which it is fixed

by a tough mambrane as well as by the" atmospheric preasure " by pulling, breaking, levering, crushing, luxating and elevating methods used according to the pecuiliar shape, size or formation of roots with the aid of special instruments with proper and efficient temper. The latest improvements in instrument making easily enable all the twists, turns, rotations, leverings etc. needed for the purpose. Though it is said that a bad workman quarrels with his tools, it is a great handicap not to possess or use proper and efficient Forceps for Tooth or Root Extraction.

DEFECTS OF HAPHAZARD WAY OF REMOVING TEETH.

To attempt to remove Tooth, easy or difficult, with old useless forceps or so-called universal Tooth Forceps will always land one to difficulties not easily extricated by Experts later on. All that the champions of this wary method have even claimed for it that they removed the tooth is of no avail. Proper examination with or without Xray will reveal the fact that either the root will be left back, jaw bone lacerated, gums torn off or losts. The pulling methods of the uninitiated fails not due to lack of strength or pulling force but because the means employed are not able to cope with the physical intergrity of tooth or condition of its surroundings without the needless sacrifice of a considerable amount of tissue.

In cases of so called "Focal infection" it is the root end that has to come out and hence infection continues if the root end is left back all the time from a few months tothe death of the patient despite the drainage provided by the removal of Crown of teeth. Further more, it is sometime almost impossible to remove such bits of roots later on nor remove the infection beyond the root end. It sometimes becomes a necessity in cases of "focal infection" to remove the infected apical tissues with curettes unless the health of the patient will ensure the process of nature to wall off the infected area. In cases contra indicated for this curetting methods, the tooth socket should be packed with sterile gauze dipped in Turpentine, pure corbolic or Tr. of Iodine permitting the socket to be kept open and drainage to continue until it. heals from the bottom.

RIGHT WAY OF USING FORCEPS

The proper or skilful use of the forceps is "to place them on the tooth, direct the application of them root ward, making an effort to have beaks grasp the tooth as far up on the root as possible, between the plates of the alveolus, and to lever, rotate, luxate, twist, turn or pry out of the socket the tooth, of course, done with proper instrument, and under local or general anaesthesia, with the utmost care that the bone or tooth will not be fractured nor expose or weaken the next tooth, and least injury done to the tissues and gums sorrounding."

PROPER SURGICAL REMOVAL FACILITATES BUILDING OF ARTIFICIAL TEETH.

If proper care and consideration is were not paid in or during the removal or loss of teeth, it sometimes become a difficult problem in building up teeth and restoring the

lost expression of face and focile. The lay man's idea to drift and allow the teeth fall off provides the pathological destruction of tissues and produce too much damage to jaw and gums for the satisfactory reception of an appliance. Hence it is advisable and advocated to have the tooth removed surgically as soon as it is found impossible to save it or check the decaying process so as to leave the tissues in the most satisfactory condition for the reception of an appliance. If the patient is handled by proper Dentist at Tooth Extraction, abnormal arrangements of teeth with excessive protruberances of alveolar bone may be so reduced and shapened so as to make a restoration possible and satisfactory. Hence it is why 25 per cent of the patients presenting for full upper and lower set, take some time before "satisfaction" and usefulness of the artificial chewing machine is brought home or may still doubt the efficacy and usefulness of full plates in eating etc.

EXTRACTION IN PYORRHOEA

In most cases of Pyorrhoea, removal of all teeth is sufficient to cure the septic condition in mouth but, the systemic disease, accompanying if any, will have to receive attention. The only attention to the mouth, is however to go in for a properly fitting and useful denture to help mastication and to supply salivary secretion and help the digestive function.

EXTRACTION IN OTHER CASES

Impacted and un-erupted teeth require the use of Forceps. In these days of unequal growth and development of jaws and teeth, overcrowding and impacting of teeth especially the wisdom tooth and the uneruption of permanent teeth due to their inability to force out the temporary ones before them, Extraction methods have to be resorted to more often than the lay and medical world are won't to think. Though this is not the place or occasion to touch up its cause, he who keeps his vision clean will see that one in 10 casee of young children, the temporary teeth do not fall even if it has erupted in time and has to be extracted better by scientific method of surgical removal rather than the old household usage of shaking the tooth and forcing it out.

Impacted wisdom tooth cases are quite rare especially among school going classes with a highly strung nervous temperament harnessed with weaker and less developed skeletal tissues. This affection is generally undiagnosed or untreated in many cases and often diagnosed and treated unsuccessfully as for Vincent's Angina, Ludiwig's Angina, trismus, pharyngitis, sore throat, abscess, necrosis, submaxillary adenitis submaxillary abcess, which may travel down as far as the clavicle, suppuration of the temperal and masseter muscle, ocular and aural disturbances, cancer, cyst, toxaemia, septicaemia, pyaemia, mental disturbances, neuralgia of all degrees of severity and other vague and obscure symptoms and might cause the death of the patient.

If lancing of the gum does not allow the free eruption of such tooth or not feasible, it becomes often necessary to have the tooth removed—of course by skilled hands, or often sound teeth have to re-

moved to permit the impacted teeth to erupt.

In fine removal of teeth by any man from the village smith to the uninitiated Hospital assistant is not to be resorted to. The following principles are to be strictly adhered to satisfy ourselves and to benefit and comfort our patients.

1. We must so remove the infected tooth, that all of it is removed absolutely and completely at one operation.

2. We must so remove the tooth, that we are able to remove absolutely and safely all the dead tissues associated with it.

3. We must so remove the tooth that in the effort, we will not remove unnecessarily sound tissue, or weaken or expose adjoining teeth.

4. We must so prepare the site from which the tooth has been removed, that we may, in a reasonable degree, anticipate the absorption of any inflamed tissues and bone, and so leave the site as to correct it and prepare it, that an artificial substitute may, if required, replace the lost tooth or teeth, within a reasonably short time.

5. We must so treat the wound that it will heal, quickly at first intention and without haemorrage and with as few complications as the case may permit."

HOW TO COMBAT PYORRHOEA.

The oozing of pus from tooth cavities, together with bleeding and spongy gums is really the last stage of the Tooth Trouble known as *Pyorrhoea Alveolaris* which is an affection primarily of the roots of Teeth and which has to pass through the regular processes of infection, conjestion, inflammation and suppuration with or without the knowledge or attention of the patient.

PYORRHOEA ALVEOLARIS-HOW CAUSED.

How Pyorrhoea is caused is to be made plain, before an attempt is made to explain how best to treat it. The disease is only an aftermath of small beginnings as the neglect of cleanliness of mouth and the accumulation of "Tartar" or food debris round the roots of teeth below the gum margin. The young patient-say a busy clerk-with limited leisure and means to improve his health or better his condition, continuously fails to respond to the Nature's warning outwardly shown as in bleeding or painful gums. The tartar and food debris continuously grow underneath the gum margin and wedge in between the roots of teeth and tongue like process of the gums and thereby block the secretion underneath the gums and destroy the root creating a "Cul-de-sac." With no time for proper rest and digestion of a hurry burry morning meal, persons like Teachers, Lawyers and "Officers" have deficient salivary juice necessary to digest starchy foods or to neutralise acidity of stomach and will fall a prey sooner or later to "acid eructations." The acid vapours will in mouth neutralise the alkaline secretions of the mouth, precipita-

ting and depositing "tartar" and food debris round the roots of teeth.

Diseases like Diabetis which are the sum total of faulty digestion of "starches" will react on the whole digestive, assimilative excretary and secretary systems,and hold up "food' and body poisons (e.g. Sugar)in the system which will be thrown into easibly expanding tissues as the gum. Poisons and Potent drugs like mercury (pure or impure), Phosphorus, Iodides and quinine taken into the body will also be thrown into gums, irritate the gums and induce Pyorrhoea. Pyorrhoea may frequently be caused by one or all the above factors. Personally I am of opinion that cases of Mercurial drugging with 'Native oil" carelessly and obstinately pushed on persons with or without a history or sign of Syphilis constitute the largest number of cases I have had to combat at the General Hospital (Dental Department) and at my private surgery.

BACTERIAL ORIGIN NOT PROVEN

That Pyorrhoea is due to some or other type of micro-organisms living in the mouth is suspected but not proved. The same type of germs are found in Healthy mouth and different parts of the body without the manifestation of Diseases. Hence the presence of germs, thriving and multiplying in "Cell" disintegration is only incidental and not necessarily causative, as the flies happen to swarm in a heap of rubbish.

PYORRHOEA VACCINES CONDEMNED

Bacterial Vaccines, even in diseases of less doubtful origin as in Tuberculosis, are being considered by eminent scientists to be of restricted or doubtful benefit. Hence the idea of injecting vaccines (stock or autogenous) to Pyorrhoea cases is ludicrous if not criminal. The smear or culture may or may not reveal the presence of germs which happen to be there chiefly because they like crows are attracted by the dead and decaying dead bodies of cells.

GERMICIDES AND ANTISEPTICS-HARMFUL.

To apply to or inject into the gum tissue or the body with strong *antiseptics* as salvarsan, Emetine is only heaping insult on injury into the already devastated gum tissue which is fighting out the "disease" with restricted resources of blood supply and "immune bodies." The highly flooded (conjestion) and spongy gums with the arterial river and canal banks damaged and destroyed cannot be expected to carry the drug or the cell building blood supply to the midst of battle nor will they be able to clear up and carry away fluids and bodies of the fallen and decaying soldier cells. In fact the "poisonous gas" of such medicines would stop away far, far from the point or neighbourhood of its destination, only to disturb, irritate and inflame healthy and friendly Camp of Tissue.

CURE MUST BE POSITIVE-NOT HARMFUL & INIMICAL

In as much the Public and the Profession looks upon the Dentist. the best and the only source of relief, in this disease, the Dentist must show practical results by universally applicable treatment rather than be guided or solely depend upon the experiments done in the Laboratory

For mouth conditions cannot be copied in "Vitrio" especially the supply of salivary secretions which is or will be available at a notice. The saliva, if healthy and active, is itself "germicidal" due to its containing Potassium Cyanide in very minute but sufficient quantities; sufficient to protect the gum and teeth from infection or foreign intruders in its normal conditions.

HOW NATURE TENDS TO CURE

When a foreign body as tartar or germ gains a foothold on any part of the body (*i. e. infection*), the defenders of the body *viz.* the white cells of blood ("immune bodies") rush to the point of attack in an attempt to destroy the intruder before the latter has had time to fortify itself in the body. Hence necessarily an increased supply of blood at the point of "infection" will make the part engorged and swollen (*i.e. Conjestion*). The white cells (immune bodies) will then multiply to a point depending upon the condition of the surrounding tissues and if these "eaters" succeeded in capturing and destroying the germs or discard the intruding inimical factors, all ends well, with the least harm done and perhaps having increased the "immunising" or resisting power of the individual in case of a future attack, accidental or otherwise.

BLEEDING OR EARLY STAGE OF PYORRHOEA

The crowding in and multiplication of these defenders and perhaps invaders make the smallest arteries jammed leading to bleeding from gums-a sign indicating the best time to resort to setting matters aright by creating proper facilities for nature to affect a cure.

HELP NATURE TO AFFECT A CURE

Where natural influences are at a discount, the Dentist can help Nature to aid a cure. Any cause for irritation of gum tissue either local or systemic has to be firstly stopped or cleared. The mouth trouble can be eliminated easily and must be done promptly with the assistance of a Dentist by correct and careful instrumentation.

CLEANING OR SCALING OF TEETH

Since the cure depends much upon the mechanical removal of irritating deposits on the roots of the teeth, nothing short of thorough and conscientious surgical work must be insisted upon. Proper instruments have to be selected and used, asepsis being the rule of the operation. Intensive scaling should be condemned, in as much as further damage to tissues and possible re-infection by instruments, hands and unclean mouth should be avoided. All tissues have to be handled gently and with respect. Every minute particle of tartar especially that between the roots of teeth and the gum margin must be removed and gum tissue should be treated with mild antiseptics as Tincture of Iodine (Rectified) and massaged. Strong germicides and strong antiseptics should never be used, for it will only weaken and perhaps destroy its power of resistance. The use of correct instrumentation and the application of proper stimulating, toning and mildly antiseptic medicaments for two or more days will produce satisfactory results

and inhibit the growth of parasites and bacteria (whether causal or incidental) and stimulate the gums to heal and fight out the "Disease."

EXTRACTION OF HOPELESS TEETH-NECESSARY.

In order that the inimical forces of the invading infection may be decreased, go carefully over the teeth and decide and extract what are beyond saving, taking care not to remove more than 4 at a time. For, surgical interference may stir up the tissues concerned and the raw surfaces may absorb the germs or their poison in the mouth.

EXTRACTION ONLY BY PAINLESS AND BLOODLESS METHODS.

In as much every tooth is supplied by a tiny nerve coming almost directly from Brain, merciless Extraction or Extraction as is done in Hospitals and Private Dispensaries should be condemned. Since the Eye, Ear and jaw bones are supplied by nerve twigs of the same nerve, sympethetic shock by a careless "pull" on a tooth may injure the Eye, Ear or Jaw or even Brain and the nervous system.

"DISEASE" IS OUTWARD MANIFESTATION OF BATTLE OF LIFE.

Pyorrheoea like most of Diseases is only an outward sign or symptom of a deeper evil in the body and as such require not only the attention of Dentistry, surgical or mechanical but also that of the "Art of Healing." That drugs and drugs alone cure diseases is being too deeply brought home by the Allopathic now-a-days. But unfortunately Allopathic Drugs such as Quinine in malaria or mercury in syphilis have little or no action in chronic cases but may have unfavourable remote effect especially on gums and roots of teeth. Hence the Healing process in Pyorrhoea must begin with the stoppage of such Potent drugs or treatment as well by expelling such drugs by natural and artificial methods.

DIET IN CHRONIC DISEASES IS OF IMPORTANCE.

Diet has an important bearing on chronic diseases as Pyorrhoea and Diabetis. Stomach troubles are sometimes the cause and often the effect of continued sepsis in mouth due to the infection of stomach by food passing through the foul mouth. Diseased or disturbed stomach and digestive organs require rest even during treatment. Hence fasting is of a great importance to burn up the poisonous elements in the body as well as to give rest and then improve digestive, secretary and excretary organs to help Nature's Cells continue to fight out the disease. Drinking of coffee, tea and such slimy and sugary drinks and taking too much and too often sweets are to be stopped or discouraged. Butter milk especially got from cow or buffaloe fed on chaff of cereals, greens, vegetables and conjee water, is highly recommended as a preventive and curative for Tóoth troubles and as an " Elixor of Life "

TREATMENT.

It is today an acknowledged fact that Pyorrhoea can be cured as diabetis, but it requires no argument to convince one who has read the previous pages that no case of Pyorrohoea can be cured without removing all the deposits, not allow-

ing even the minute particles. In early mild cases, Surgical cleaning of teeth and daily brushing of teeth are enough and nature will usually establish health. Failure to respond to this is presumably due to the inability of the body to overcome the infection gained ground in the gums and body. Something is then needed to help nature.

THE ULTRA-VIOLET RAY IN PYORRHOEA

The Ultra-Violet Ray in early Pyorrhoea cases is very beneficial to strengthen the gum and even to decrease or check the oozing of pus. After one 20-minute application of the ultra-violet ray, the gum will appear healthy. In severer cases, several treatments will be necessary. The relief and comfort will be remarkable in cases of pain and tenderness and is brought about by the constriction of the blood vessels in the engorged condition of an acute inflammation.

TREATMENT IN CHRONIC CASES

Ordinarily, Pyorrhoea is a slowly progressing chronic condition affecting the teeth, the alimentary canal as well as the brain and the nervous system with the consequence of accumulation of poisonous substances in the blood which keeps up the moribund condition of the above organs as well as the gums, the elimination of which poison is the primary concern of proper treatment.

HOW BLOOD CAN BE PURIFIED.

The lungs are incompariably the best and the most rapid channel to purify blood. 'Breathing exercises' in the open air or on a sea shore are a hundred times better than a bottle of so called "Blood-purifier". A substance which, even with the aid of diuresis, will be excreted through the kindneys only in the course of days may be excreted through the lungs within a few hours. The lungs should, therefore, be used for the therapeutic elimination of all harmful substances in the human body. The method of increasing the volume of breathing so as to obtain a maximal pulmonary ventilation for such therapeutic purposes is no other than the "*Pranayam*" or the control of the breath, practised by the ancient sages, "*Yogis*" and so-called higher classes in ancient India.

IMPORTANCE OF CONTROL OF BREATH

Respiration is a function of a great variability. Its rate may vary from 4 or 5 times a minute to 20 or 30 or more. The volume of air breathed may vary from 5 litres per minute to 30 or 50 or more. It is unfortunate that respiration is usually thought of in terms of rate. The really important factor is the volume of air breathed in per minute. This is particularly true in cases of Pyorrhoea with a poison or a 'toxin' floating in the blood. The significance and relation of the volume of air that a man breathes were first clearly grasped and explained by Haldane. The interpretation which he gave of this matter has been one of the most important contributions that Modern physiology has made to the science and art of medicine. It has been the foundation of the development in many important clinical fields, among others that of Therapeusis.

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"The principle is simple. Carbon dioxide is produced in the body by the same process by which oxygen is consumed. The supply of oxygen has relatively little immediate influence upon respiration. The administration of pure oxygen gas never acts as stimulant. Carbon-dioxide, on the contrary, is the normal stimulant and regulator of breathing. The amount, or more exactly the pressure, of carbon dioxide in the air in the lungs, and thus in the arterial blood flowing from the lungs, acts upon the respiratory centre so precisely that in normal life the volume of breathed air is kept in almost exact proportion to the amount of carbon dioxide produced in the body. Even during the ten-fold variation of carbon-dioxide production during bodily rest and in vigorous muscular work, the proportion of respiration to the amount of its gaseous stimulus is maintained. In other words, the lungs are automatically ventilated so that the air which they contain has, under all normal conditions, a content of a little more than 5 per cent of carbon dioxide. This concentration of carbon dioxide is also one of the prime factors in the acid base balance of the blood and tissues. It is itself the chief acid in this balance, and it controls indirectly, but effectively, the amount of the alkali in use in the blood."

So the excretion of a poison through the pulmonary ventilation depends upon the volume of air breathed in, and the amount of air thus brought into contact with the blood in the lungs, but not on that which merely enters the dead space. Respiration is thus particularly important both to absorption of oxygen and elimination of poisons in the blood.

Again the rate of absorption of oxygen and elimination of poisons and carbon-dioxide depends upon the circulation of blood through lungs. A condition which will double the volume of air breathed per minute, would only slightly affect the entrance or exit of such a gas, so long as the circulation remains constant. But if the circulation were doubled, as by glandular Therapy,so that twice as much blood would flow through the lungs each minute, even with respiration unchanged, the rate of absorption and elimination of such a gas would be nearly doubled.

It is therefore found advantageous to make use of the lungs for therapeutic elimination of all harmful bodily poisons. One of the effective methods of cleansing the body is by the practice of what are called "breathing exercises" or *Yoga Abhyasam.* Close and hold the right nostril, breathe slowly through the left nostril and then hold the breath, without allowing external air to get in or the internal air to get out so long as one can conveniently do so, and breathe out the air slowly in a stream, drawing the naval region in and contracting the hip muscles hard for sometime. Begin breathing through the other nostril, closing and holding the left one and *vice versa.* This must be daily practised for an hour or so where air is fresh, better in a standing posture with palms resting on hips, head erect, chest forward. One who can thus control his breath to his purpose and thus economise

the expenditure of the breath will have developed and strengthened his lungs and body, and prolonged life.

Since the present day tendency of the habituated drug eating patient is to ask for a drug or to expect a doctor to do everything for him, satisfactory results, of cleansing the blood and body through the ventilation of the lungs and skin or through the sewerage portals of kidneys and lever are obtained by the judicious use of glandular products. Every case must be treated on its merits or rather de-merits after the removal of hopeless teeth, thorough surgical cleaning of the rest of teeth and treating of the gums with Tincture of Iodine and salt water gargles. "Insulin" in diabetic patients and para-thyroid in asthenic or neurasthenic conditions with the administration of adrenalin or pituiturin or both (except in cases of high tension or arterio-sclerosis,) will cure Pyorrhoea in majority of cases in a week or more, according as the dire disease has been allowed to do its havoc in the human body.

WATER—USE & ABUSE

WHY AND WHEN TO DRINK.

The credit of discovering America inhabited by the Red Indians, went to Columbus. Just so one from the west, explaining and announcing that one or other of our hoary healthful practices gets the credit of having discovered something new. Most of the practices and observances current in the ancient India but slowly and steadily discarded by the reformed India are being scientifically announced as having been discovered healthful and hence those who fall sick and often resort to doctors or dentists will take a warning from the change of angle of vision of the west and take to heart how they have come to regard some of religious duties and health customs of the East. Dr. J. Howard Mummery C. B. E., L D. S. in his presidential address to the VIth International Dental Congress would not but speak out the fact thus:—

"As the representative of that wonderful country, Japan, told us at Stockholm, hygiene of the mouth and teeth is perhaps older in Japan than in any other civilised country. This has its foundation less in the recognition of the importance of mouth hygiene for the body than in oldstanding religious ideas and obligations, which have gained such a firm hold of the sentiment of the whole people that no one needs to be compelled by special admonition to practise a certain amount of mouth hygiene. Every family without exception has its home altar, usually two, one Shinto and one Buddhist. When the Japanese rises in the morning, his first act is to rinse his mouth and clean his teeth automatically with his forefinger and salt. His second act is to go before the altar and say his prayers, for he may not utter a prayer to his god without a clean mouth. An old Japanese proverb says; Let the man be brown, but his teeth must be white!" "Would" concludes Mr. Mummery, "that cleanliness of the mouth were a religious obligation in our lands."

Dr. Harry Campbell shocked and humiliated the Manchester Dental Conference on the Prevention of Diseases of Teeth in 1920 when he said "The poorest Hindoo mendicant, when he begs for a morsel of food, asks for a cup of water with which to rinse his mouth."

Though the present day Indians find little or no use of water for washing teeth or rinsing the mouth before or after eating or drinking, the westerners, in their anxiety to better the condition of Teeth have or are copying-though said to be humiliating-most of our old practices of daily Tooth cleaning, and rinsing of mouth before and after food and are condemning the finger bowls—which has been the usual practice heretofore.

Dr. Harold Waller says "People must be taught to be as disgusted at the presence of a decayed tooth and unsightly mouth as they are by the neglect of bodily cleanliness. The worst feature is our tolerance. We have lost a pride in good teeth; many of us have never had a chance of experiencing the feeling. It is not necessary to mock the afflicted, but it is of paramount importance that good teeth should be considered at least good form"—an advice to be brought home to presentday Indians.

Water-rather plenty of water—is essential, nay useful, to cleanse the teeth and body.

"If you want to be healthy
Without any doubt
Take plenty of water
Within and without"

What Miss C. E. Grant said was not un-known nor unobserved in the past here. But at present even the labouring classes quench their thirst with soda, coffee or toddy and have forgotten the taste of water. The rich wash their hands or rinse their mouth with "soda" or never at all and many folks start the day with a drink polo in the shape of "that early morning cup of tea" before their attention is drawn to the use or value of water for cleansing their teeth and body rinsing their mouth or washing after calls of nature.

The Modern India has entirely forgotten the internal use of water since, coffee, tea, soda &c can be easily had and are preferred. Man, woman or child begin the day with these beverages and drink it whenever they feel thirsty or won't to drink, with or apart from food or eatables.

Much ill-health especially constipation, Indigestion and Tooth Troubles is solely attributable to the refusal of sufficient water or liquids. Body which is to so large an extent composed of water, craves an extra allowance, whether in a child or man, labourer or athlete. The more the water supplied, the better the cleansing and sewerage processes through skin, lungs, kindneys and bowels. As to the best time and place for drinking water, a reference should be made to Nature how lower animals eat and drink-separately and never together.

Much ill-health and in particular, digestive and nerve troubles, are due to the habit of drinking at meals. A dry diet and setting of a bowl of water frequently, to slack their thirst whenever the spirit moves them to do so, is a healthy

and successful way of feeding young or prize animals.

The habit of drinking water at a meal is condemned in India from time immemorial. The Brahmin, who has to supply himself with a separate cup of water at meals is prohibitted from drinking it by the ruling that he must not drink from the disengaged left hand. The Non-Brahmin, even to day, is not supplied with water or cup at public or private dinners and quenches his thirst after food, on washing and rinsing his mouth. But the educated Indian especially their children are guilty of always going against this dietetic rule.

The best time for drinking water is the early morning alike for children or adults and to the sick and nervous the eve of retirement to bed. It is also good to drink between meals and is permissible to drink just after food. The word "Kha pee" *i e.* "Coffee" seems to have been derived from a Hindusthani source meaning "Eat (first) and drink(next)." Any way the function of eating and drinking are to be best performed separately and plenty of pure water according to age, profession and clime should be drunk to supply the body cells, blood, the excretary and secretary organs to do their work easily and more profitably.

The correct method of drinking water or fluids is to drink slowly or to sip a little slowly so that the saliva is called into the play, which is more beneficial than gulping down a large quantity.

It is however astonishing how many people there are who confess to doing virtually no drinking except at meals and not surprising that constipation, with all its direful consequences and possibilities, is so rampant.

Advice is often sought as to the precise quantity of water or other liquid, it is desirable to drink during the day. Much depends upon when and how it is taken. The individual who drinks apart from meals is going to secure far more good from a smaller quantity than who drinks at meals. The child, the manual labourer or the athlete obviously require more liberal supply to compensate them for the large amount lost through perspiration especially in hot weather. Again those who eat and drink simultaneously will require more than one who drinks separately; where liquids greens, vegetables or milk go freely in diets, a lesser amount of water or other liquid is required. Lastly the varying of the skin action also has to be considerd as well as the inclemency of weather and season.

Concerning the temperature of the water, as of other liquids and foods, the sound principle, as in all things, is moderation, so that it may be retained in the mouth before swallowing. But it is usual to hear people say and drink freely at 120° or sip tea or coffee at 130° or 140° and at 115° say that it is cold. The effect is that temperature of such foods or drinks are 20 to 40° above the heat, gums or mucous membrane, can or will stand so that the mouth is kept in a constant state of irritation, and the blood, which ought to be nourishing the teeth is drawn away from them and the teeth become weak and decayed very soon. Hence water cold and drawn from

197942 L214:15 m211,N22 N26:2:4

natural sources is the best as well the cheapest of drinks. It is also most economical of medicine of a Hydro-therapeutist as well as of the Allopath. Many an attack of indigestion, or liver trouble, might be nipped in the bud, or cut short, by just skipping a meal or two and sipping water freely until natural hunger—which does not include "that hungry feeling", due usually to fermentation consequent on haste and over-eating at a previous repast-returns.

To begin the day with Nature's own beverage a cup of pure water-will cure worst stomach troubles or constipation and do away with the most regrettable dietetic sin of "bed tea or coffee" before the digestive organs have awoke and asserted themselves for work.

We might add that water is now being recognised as an important source of body energy if not actually an article of food. Politicians and Health seekers fast for days and months subsisting on water. Some think that water contains also "Vitamine" in the shape of water "animalcules" which are however lost by boiling or pasteurization. Since most diets are deficient in vitamines in city life, drinking of pure and natural water should not be overlooked. Water, however, is a great blessing, on the dentists, point of view, in the fact that the habit of continuous and frequent and brisk gargling of mouth, like the orthodox "Swami", "Brahmachari" or the Malabar Nambuduri, on rising and at morning baths, after each calls of nature, meals, drinks on seeing or touching any source of infection, is a safe and sure cure to prevent and cure tooth defects and diseases as the protruding front teeth, often met with in children of educated classes-the continuous pressure of lips brought together during the process of rinsing of mouth will have pressed back the deformed teeth.

TOOTH POWDERS AND PASTES.

Dr. H. P. Pickerell, C.B.E., M.D., M.S., M.D.S., L.D.S. Eng. University of otago, in an article pubshed in "OralTopics", says that "acid dentifrices are more natural than the alkaline tooth powders, pastes, and mouth washes which have been in continuous use for over 2000 years and have signally failed to check the ravages of caries in the least degree, whereas the former are more in accordance with the teaching from Nature, are natural salivary stimulants and would not harm teeth,"

This opinion however has not been left unchallenged and controverted by the interested manufacturers of proprietory tooth pastes or those employed by them. But in their criticisms there has been an entire lack of appreciation of the fact that the secretion of the saliva is a reflex physiological act depending on definite stimuli and that these pastes have not yet erradicated nor prevented tooth or gum decay. Hence their experiments depending on a sample of saliva in a test tube cannot hold good unless the condi-

tion and rate of secretion of saliva in mouth is taken into consideration.

Moreover, what we want to know from a practical point of prevention, the doctor argues, is how much acid can be rendered harmless by the saliva, secreted in a mouth in a given time. It must also be considered that the saliva and plenty of it has a beneficial and protective effect upon teeth in a normal physiological condition. Protection against disease is afforded nearly to all tissues largely by the fluid in which they are bathed. What tears is to the conjunctiva, bile to the intestine, urine to the urethra, blood to a fresh cut or wound, saliva is the only fluid capable of so protecting the surface of the teeth. On the other hand, the stagnation of these natural and physiological washing and protecting fluids favours the development of diseased condition due to the undisturbed activity of micro-organisms and conversely all those forces which prevent stagnation and promote movement and circulation make for health and development. If the salivary secretion did naught else, it would be bound to act in such a manner by promoting a circulation in the mouth and preventing oral stagnation.

CONDITIONS TO INDUCE SALIVA.

The normal secretion of saliva is due to a reflex stimulation. This reflex mechanism is most delicate and reliable being either stimulated or depressed and bring about very considerable difference in the composition of the saliva. The nerves on the tip and the surface of tongue and in the inner surface of the cheek as well as in the teeth, upon being stimulated as in the act of mastication of a pleasant and tasty food, cause a secretion of profuse saliva whereas unpleasing food or absence of mastication yield adverse results.

ACID FOODS.

The effect of an acid diet in inducing profuse flow of saliva is well known. Such a diet very materially increases both the amount and alkalinity of the saliva and withholding of acids in food will decrease the alkalinity of saliva. But strangely enough a mixed diet of acids and carbohydrates or proteins will stimulate higher alkalinity index than a full acid diet, perhaps due to loss of body water through kidneys, bowel and the sweat glands, the acid salts of fruits being diuretic aprient, and slightly diaphoretic or perhaps due to a sympathetic action between the salivary, nasal, intestinal and sweat glands. That is why the tongue or the salivary glands indicate the need for the intake of water in conditions when the excretary glands are functioning to abnormal extent. Hence foods containing acids (acid fruits) will be not only salivary stimulant and cleanser of body but also by permanently raising the alkaline reaction of the mouth, will neutralise and dilute the acids formed by fermentation in mouth and so prevent the occurence of caries of teeth.

SUBSTANCES THAT DECREASE SALIVA

Substances which are neither acid nor pleasing food will inhibit

or decrease salivary secretion. Tooth powders, pastes and soap also come under this heading. These dentifrices, being generally made of calcium, sodium and magnesium carbonates and soap with a minute quantity of antiseptic and aromatic flavouring agent are being used to neutralise the acids of the mouth instead of stimulating the salivary glands to do the work day in and day out. It is as if one should in all cases of dyspepsia, irrespective of its cause, give constantly and continuously an artificial gastric juice. Hence the use of alkalies in tooth toilet is based upon a wrong conception, since the alkalies are not expected to remain in the mouth for hours or until the next morning and alkalies will inhibit salivary secretion and attack the calcium phosphates and carbonates of the enamel.

From a very large number of observations, the doctor is convinced that no harm will accure to the teeth from the use of these acids, in such strengths as they are active salivary stimulants. The factors which cause dental caries are two-fold. The micro-organisms and carbohydrates are the attacking forces, whereas the resistance of the enamel surface and resistance of body fluids are the defensive agencies. By careful investigation of condition of mouth and salivary constituents, in susceptible and immune children, it is distinctly proved that resistance is the more important factor—resistance of the fixed tissues and of the body fluids. This finding places dental caries in line with nearly all other diseases of bacterial origin. We know now that it is not the presence of the pneumococcus, the tubercle baccillus, or the diptheria baccillus which determines the occurrence of the particular diseases, but the lower resistance of the patient. Doubtless we all at one time or another inspire or ingest large numbers of these deadly organisms, but we do not all, nor always, suffer from pneumonia, phthisis, or diptheria. So with dental caries our hope must lie in building up the resistance of the fixed tissues (enamel) and of the body fluids (saliva) by using acid dentifrices as well as acid fruits.

USE AND ABUSE OF DENTIFRICES

The learned doctor concludes his useful though novel arguments by saying that the alkaline dentifrices and mouth washes must be abandoned and that some substance that is a salivary stimulant should be used in order to promote and educate the activity of the salivary glands. Instead of the acids decalcifying the enamel as is generally feared 5 and 15 minutes after their use the alkalinity index of the mouth is always considerably increased above normal, and that in the case of even as strong an acid as citric in the lemon, the saliva will be intensely alkaline. The acid dentifrices can not be such active salivary stimulants as acid fruits which are advised by dentists and are in contact with the teeth for longer than a dentifrice. But like the physician prescribing strychnine or morphia in physiological doses or a surgeon using very sharp knife, dentifrices have to be made or prescribed by a dentist trained in physiology and materia medica as well as in the latest teachings of Bio-chemistry. The last word of warning of the medico-surgeon-dentist is not to put much faith on the highly advertised "acid dentifrices" which does not comply with his desiderata for an acid dentifrice and which are for the most part entirely unphysiological and therefore may be very harmful.

CORRESPONDENCE.

The Editor does not hold himself responsible for the views of his correspondents. All communications should be ***typed*** *or* ***legibly written*** *on one side of the paper and reach the Editor by the first of every month, to enable publication in that month's issue. Correspondents should sign the manuscript and send their full address, not necessarily for publication, but as proof of good faith. The Editor, however, reserves to himself the right to publish or withhold such correspondence. Rejected communications will be returned on enclosing an addressed and stamped envelope.*

The Journal of the American Dental Association,
58 E. Washington Street,
Chicago, Illinois,
April 18th, 1926.

Dr. H. VENKAT RAU,
Madras, India.

MY DEAR DOCTOR:

I am in receipt, through your kindness of a copy of your journal **"Good Health & Dental Welfare"**. Please accept my thanks. It is the first copy I have seen of your magazine, and I wish to congratulate you on your effort. You need all the literature on this important subject that we can get, and I send you my best wishes for the greatest possible success with your journal.

Very sincerely yours,
(Sd.) C. N. JOHNSON,
EDITOR.

Dated, 13th Dec. 1926

Dear Doctor,

Having almost completed the removal of all my teeth-strong and shaky-with little or no trouble, I may confide with you my past fears and experience of Dentists. My knowledge of dentists began 20 or 30 years ago, when a certain Muhammadan dentist occasionally used to visit our place and supply people with teeth by wiring goat's teeth to the neighbouring strong ones. After him I also used to come across travelling dentists in our midst whose business it was to pull out shaky teeth and put in artificial ones of a better sort. But my fear of Extraction is really due to the death of a strong and healthy man of 28 years who came from the north for appointment and settled here with his young wife. He got a painful tooth extracted by a dentist and since it began to bleed after the removal of the tooth the dentist plugged the cavity with cotton dipped in Nitric acid. As a consequence the patient had a very very painful and feverish day after this, his jaws and face be-

came swollen, the fever ran high and the man died on the third day.

This sight shocked me so much that I took pity on the most unfortunate man, paid for all his obsequies and even now pay his family a small pension. This most horrible and unjustifiable sacrifice of life for tooth ache is still fresh in my memory. Cases of several strong men having immediately died after extraction of teeth are known to me personally. Mr. Durairaj of Puducottah died, I hear, after removal of his 8 teeth at a time by a dentist in England. Hence I sent back two dentists who have been sent for by me before you. But after suffering and hesitating for 6 months and after being fully brought home that the late Maharaja of Travancore, who was suffering from a complaint like myself and who was advised but refused to have all his teeth removed, died of "tooth poisoning," I decided to have all my teeth removed and it was fortunate that you alone were able to touch or remove all my teeth; of course, I must now admit that all my fears went away seeing you handle and remove my teeth on the first occasion like an American dentist who came to treat my predecessor. That Dentist like you, used to put his forceps on the tooth, twist it and "puduk" "out" used to come the tooth in a second without breaking the tooth or its root.

Though I was much afraid of extraction and all my people and friends surely expected me to die even at the 1st operation from shock, bleeding, weakness, poisoning or fever, it is admitted by all here that my recovery is a great success for tooth extraction and most lucky thing in my life, since this is the first occasion any doctor or dentist was approached or was allowed to touch me.

H. H. RAJA.

SHRI PARABADUR,

Dated 13th February 26.

DEAR DOCTOR,

You might remember me as a patient from Parabadur to whom you so kindly fitted up a full set of teeth. I came to see you twice or thrice and waited at your dispensary for more than an hour each time but you were so busy that I did'nt like to disturb you and hence had to come away without personally thanking you for having given me very good teeth.

I may inform you that I am a village munsiff of the above village but the former Collector seeing my teeth all gone recommended my retirement, but since my son is a minor, I thought that at 48 years of age I would have to give up my heriditary appointment. But our popular Tahsildar suggested to me to go to you and have a very good and nice set of teeth made by you and you so very kindly took a special interest in me and got me the present set. Believe me when I tell you that as soon as I wore it, it fitted me so well gave me no trouble though you said that I shall require 2 or 3 days before I get accustomed to it. But I had no trouble at all and when I saw the collector with my new set of teeth, he remarked that I looked like a young man of 25 and even complimented you for having given such a thorough and well-made set of teeth at such surprisingly cheap rates. I once more thank you for having done me this favour and got back my lost appointment for which I and my family will ever be grateful to you. Thanking you once more and wishing you prosperity and good practice.

I am yours sincerely,

D. KRISHNAYYA.

EDITOR'S CONSULTING PAGE.

To meet the wishes of the numerous readers of this Dental Propaganda Journal, the Editor has opened this page to answer the queries of his patients and constituents. He will be only too glad to answer any question pertaining to defects and diseases of teeth as they affect the health and welfare of the body and to communicate by post if so desired and directed with a stamped and addressed cover.

Q.—Why should the children of the present generation suffer tooth troubles, while such ailments were unheard of before?

A.—Tooth trouble is clearly proof of the fact that the present day civilized ways of thinking, living, and marrying young has penetrated into our society. Tooth troubles are due to taking too much sweets and biscuits, lozenges and peppermints which have flooded the market, so much so that every parent takes a pride and pleasure in buying such things and giving them to his children when they go to sleep or get up from bed. The sugary and sticky products decompose over unbrushed teeth, stick and corrode the teeth.

Q.—What is the best recipe to ensure good looking and strong teeth to our children?

A.—The recipe is a negative one. Give no sweets such as those described above, enforce thorough cleaning of teeth and washing of mouth, make it a point to give to your children some fruit or buttermilk at the end of a meal and ten to one, their teeth willbe safe.

Earnest effort to keep the teeth clean and to spare the sweets brings its own reward.

Q. Why should not the child's teeth be allowed to shed naturally without having recourse to extraction?

A. Nature, left to herself, is often incapable of shedding the child's teeth naturally, since the permanent new tooth has not enough calcium in it *i. e.* is not hard or gritty enough to push out its predecessor in place.

Q. My child 8 years old has two rows of teeth one of which needs to be removed.Do you think it advisable that the teeth be extracted by my local doctor?

A. Unless one knows perfectly which is milk teeth and which the permanent ones, it is risky to hand over the patient even to a local registered practitioner since all permanent as well as temporary teeth till 11 or 12 years will be found almost shaky and permanant ones are apt to be mistaken for temporary teeth and removed.

Q.—Why should we have the detained temporary teeth removed by force and surgical operation?

A.—Cleanliness of teeth is next to soundness of teeth and proper

cleaning of teeth is possible only if the milk teeth fall when the permanent ones cut in proper time. If the milk teeth do not fall or are not removed, the permanent teeth will cut astray thereby making the arch of teeth crooked, allowing food to collect between teeth and disallowing proper brushing and cleaning of teeth.

Q.—How have we to differentiate between temporary teeth and permanent ones ?

A.—Temporary teeth or milk teeth as they are sometimes called, are milky white in colour and are generally touching the lips, while the permanent teeth are of "boiled rice" colour and are away from the lips next to the tongue. The tops of the preceding teeth are generally worn out having been in use for months or years, whereas the newly cut permanent teeth have "Alp" like tops and are firmer than their predecessors.

Q. How shall we make the temporary teeth fall in due time ?

A. If you expect them to come off naturally, it is not the work of a day or a month. As soon as the teeth have sprouted, if not before, the child must be given foods which require the use of teeth and jaw bones, and must be supervised and instructed to make use of the jaws and teeth for the purposes for which Nature has supplied it with. If they don't fall in due course or when the permanent one has begun to appear, the temporary teeth have to be daily shaken and when sufficiently shaky, to be removed by fingers or better still, the Dentist will do the work without pain or bleeding at one sitting, to make the permanent teeth come out in proper arch.

Q. I should like to know why my tooth plate, which was tight at first, has got loose now.

A. Gums and bones become shrunk after teeth are removed so as to fill up the big cavities and take from one month to 3 months to fully contract. Hence if any tooth plate is set before the gums have fully contracted the tooth plate has to be renewed and set again.

Q.—Do tooth-plates stink in mouth or give any trouble ?

A.—Artificial Tooth being made of sand and stone, and the plate, of vegetable matter, tooth plates will neither stink nor decompose in the mouth. In the beginning, on wearing it for an hour, the speech becomes alright and in a day or two, mastication becomes possible.

Q.—Can hard things like "Muruku" [முறுக்கு] be masticated by artificial teeth ?

A.—Yes. Quite easily and wonderfully if the set is properly made and used sometime, say, for a fortnight.

Q.—I lost my tooth to-day, and wish to know when you can replace it by artificial tooth?

A.—If your tooth had fallen after having been shaky and the gum has been eaten away and completely gone back, there would be no wound or cavity practically. In that case, the artificial teeth may be replaced in a day or two.

Q.—How long after extraction should a patient go to you for fitting up full set of teeth?

A. The time for setting up new set of teeth depend upon the health, previous condition of teeth and gums at extraction as well as the manner in which the tooth was extracted and the kind of anaesthesia used. If stuffs like cocaine etc. were used by way of injection, the tissues etc. after extraction take a long time to heal. If such or other injury is not done during the operation, the patient is in good or satisfactary health, the new set can be made and fit in a week or 10 days, so that the patient will not any longer be handicapped in the absence of teeth or in the enforced sustenance on soft or liquid foods whichmay make his condition worse. Of course, the patient may have to go to the Dentist to have his teeth permanently set or reset or remade in about six months since by that time all the healing of gums and their probable maximum contraction would have yielded a healthy and strong gum for the permanent reception of a new set.

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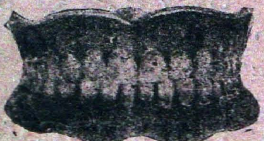

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